## APPLICATION FOR RENEWAL OF A STANDARD SCHOOL BUSINESS OFFICIAL AUTHORIZATION

Board of Educational Examiners Use Only
Revised 2/15

INSTRUCTIONS: Please allow four weeks for processing. Incomplete applications may be returned.

All fees are non-refundable.

Mail to: Iowa Board of Educational Examiners, Grimes State Office Building 400 E. 14<sup>th</sup> St., Des Moines, IA 50319

## **Renewal Requirements**

Four semester hours of credit or the equivalent contact hours (1 semester hour is equivalent to 15 contact hours) within the three-year licensure period are required for renewal. Additionally, you must include a copy of the certificate verifying completion of the **child and dependent adult abuse mandatory reporter training** if you are currently serving in an lowa School system **or** if you have an lowa address.

Acceptable renewal credits include college credits (undergraduate or graduate) from a regionally-accredited institution, or a minimum of 60 contact hours through the list of approved renewal sessions offered by the Iowa Association of School Business Officials (Iowa ASBO). A combination of contact hours and college credits may also be used

Application Checklist					
 I have included transcripts showing at least four college credits, or 60 contact hours through Iowa ASBO, OR a combination of college credits and Iowa ASBO contact hours to total the equivalent of four credits.					
 I have included a copy of the certificate verifying completion of the child and dependent adult abuse mandatory reporter training.					
 I have included the \$85.00 non-refundable fee. I understand that there is a late renewal fee of \$25.00 per calendar month not to exceed \$150.00 if I have been serving as an SBO on an expired license, and I have included it if applicable.					
thorization is not renewed before the date of expiration, the semester hours of credit presented for its renewal must have been ed within the five-year period immediately preceding the date of application for renewal.					

Applicant's Folder #	Social Security #	Date of Birth Month Day Year	Male Female
Last Name	First Name	Middle Name	Maiden Name
Name changes require official documentation			
Address	City	State	Zip Code
Evening Phone	Daytime Phone	Email Address	
( )	( )		

Date

**Background Information:** 

Signature of Applicant